U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	LY BEFORE PREPARING THIS REPORT.		
READ THE INSTRUCTIONS CAREFUL	ET BEI ORET REI ARING THIS REI ORT.		
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1. File Number U - 8599	2. Fiscal Year Covered From:		
guest :	1 / DODY Through: 2 / 3 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name DAVID C BERVER.	Name American Federation of Teachers		
	Labor Organization File Number 600-012		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 952 N. LIVINGSTON ST.	Street 555 New Jersey Drewe, NW		
City AYLLINGTON	city Washington		
State 7 A ZIP Code + 4 20205	State DC ZIP Code + 4 2,2001		
5. Position in labor organization. Desociate Diverse	Editorial Department		
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
(except as specified in the excit	sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of		
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  ature  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		

B. Held an interest in or derived incorne or economic benefit with morestey value from a husiness (1) a substandial part of which consists of buying from, selling or leaving deading with the business of an employer whose employers you labor organization represents or is actively society to represent, or (2) any part of which consists of Dayling from a selling or leaving flower or inchange to be consisted to any from or selling or leaving flower or inchange to or interested.  8. Name and address of Business (including trade name, if any).  Name (Interest in a selling in the selling in	lame of Person Filling DAVID C. BERVER		File Number U-	
Name   Minor   Minor	substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in	wise dealing with the busines ively seeking to represent, or directly to, or otherwise	s	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$38.18  12.a. Nature of interest held or income received.  12.b. Amount.  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  14.b. Amount of payment.	Name Whin Privilege  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1135 15th Street NW  City Washington	a. Labor Organiza	tion	
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13.b. Is the Business an Employer or Consultant?	13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	er parts A and B above) or other thing of value.	Pos	
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